



Nebraska Office of Highway Safety (NOHS)
Child Passenger Safety Technician Training
APPLICATION

Please Type

DATE: _____

APPLICANT : _____

ADDRESS : _____

CITY, STATE, ZIP : _____

TELEPHONE NO. : _____ FEDERAL I.D. NO.: _____

PROJECT MANAGER: _____

EMAIL: _____

The purpose of this application is to determine if the applicant meets the required criteria to sponsor a Nebraska Child Passenger Safety Technician Training.

The applicant must submit the following supporting documentation with this application:

- 1) Community demographics: Define the service area and provide the number of child passenger safety technicians in the service area.
- 2) Listing of personnel to host the class, including an administrative liaison the host agency/organization must provide for the class.
- 3) Number of child passenger safety events held in the previous year, including inspection station activities and/or check-up events.
- 4) The name and location of the training site. The training facility must be able to accommodate 25 students and provide adequate space for use of 75 child restraints.
- 5) Proposed dates for the training.
- 6) Lead instructor and instructors to teach the training.
- 7) Copies of your organization's current seat belt policy and drug-free workplace policy.

The Nebraska Office of Highway Safety will review this application and the supporting documentation to determine the applicant's eligibility to host a Child Passenger Safety Technician Training. After the review process is completed, the applicant will receive written notification regarding the approval.

Authorized Signature of Applicant

Date

Print or Type Name

Return completed form to: Nebraska Office of Highway Safety
5001 South 14th, PO Box 94612
Lincoln, NE 68509-4612

Telephone (402) 471-2515
FAX (402) 471-3865

FOR NOHS USE ONLY

Approved By: _____

Date: _____

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